

# Part-Year Residents (tax year 2004)

Bulletin GIT-6

#### Introduction

In general, when you change your domicile during the year, you are a resident of New Jersey for part of the year (part-year resident) and a nonresident of New Jersey for part of the year (part-year nonresident). Your move is generally considered a change of residency status (resident to nonresident or vice versa) if at the time you moved, you intended to permanently leave one home and establish a new, fixed, and permanent home somewhere else. This bulletin explains:

- Who is a part-year resident/part-year nonresident for New Jersey income tax purposes, as well as who is a full-year resident or nonresident;
- What your New Jersey income tax responsibilities are as a part-year resident/partyear nonresident;
- How to complete a part-year New Jersey income tax return; and
- When a part-year resident must file **both** resident and nonresident income tax returns with New Jersey in the same tax year.

This bulletin covers filing requirements for individual residents and nonresidents only. The examples illustrate how to prepare partyear tax returns for 2004. For information on estates and trusts, see the instructions for the New Jersey Gross Income Tax Fiduciary Return (Form NJ-1041).

## **Definitions**

For New Jersey income tax purposes, your residency status depends on where you were domiciled and where you maintained a permanent place of abode during the tax year.

#### Full-Year Resident

You were a full-year New Jersey resident if:

- New Jersey was your domicile for the entire year, and you did not satisfy all three conditions for nonresident status (below); or
- New Jersey was not your domicile, but you
  maintained a permanent place of abode in
  New Jersey for the entire year and you spent
  more than 183 days in New Jersey. (Members
  of the U.S. Armed Forces stationed in New
  Jersey who are not domiciled here are not
  residents under this definition.)

#### Full-Year Nonresident

You were a full-year New Jersey nonresident if:

- New Jersey was not your domicile, and you spent 183 days or less here; or
- New Jersey was not your domicile, you spent more than 183 days here, but you did not maintain a permanent home here; or
- New Jersey was your domicile and you met all three of the following conditions for the entire year:
  - 1. You did not maintain a permanent place of abode in New Jersey; and
  - 2. You did maintain a permanent place of abode outside of New Jersey; and
  - 3. You did not spend more than 30 days in New Jersey.

#### Part-Year Resident/Part-Year Nonresident

If, as a result of a change of your domicile, you met the definition of New Jersey resident or nonresident for only part of the year, you are a resident for part of the year (*part-year resident*) and a nonresident for the remainder of that year (*part-year nonresident*).

Domicile is any place you regard as your permanent home—the place to which you intend to return after a period of absence (e.g., vacation abroad, business assignment, educational leave, etc.). You have only one domicile, although you may have more than one place to live. Once established, your domicile continues until you move to a new location with the intent to establish a fixed and permanent home there. Moving to a new location, even for a long time, does not change your domicile if you intend to remain only for a limited time.

Domicile is based on many factors, including your intent, where you register to vote, maintain a driver's license and vehicle registration, have family ties, etc. *You can have only one domicile at a time*. The burden of proof is upon the person asserting a change of domicile to show that the necessary intention existed to abandon his or her domicile in one location and to establish a fixed and permanent home in another.

**Permanent place of abode** is a residence (a building or structure where a person can live) that you maintain permanently as your household, whether you own it or not. It usually includes a residence your husband or wife owns or leases.

A residence, whether inside or outside of New Jersey, is not *permanent* if you maintain it only during a temporary or limited period of time, no matter how long, for the accomplishment of a

particular purpose (e.g., temporary job assignment). Likewise, a home used only for vacations is not a permanent place of abode.

If New Jersey is your domicile, you will be considered a resident for New Jersey tax purposes *unless* you meet all three conditions for nonresident status. See *Full-Year Nonresident* on page 1. Likewise, if New Jersey is not your domicile, you will be considered a New Jersey resident only if you maintain a *permanent* place of abode in New Jersey and spend more than 183 days here.

## **Filing Requirements**

Your filing status and gross income determine whether you have to file a New Jersey income tax return. Age is not a factor in determining whether a person must file. Even minors (including students) and senior citizens must file if they meet the income filing requirements.

To find out whether or not you are required to file a New Jersey income tax return, use the "Who Must File" chart in either the resident (NJ-1040) or nonresident (NJ-1040NR) return booklet.

# Time Period Covered by Return (Full-Year or Part-Year)

The period covered by your return will be twelve months (full-year return), or less than twelve months (part-year return). Most taxpayers use a calendar year (January 1–December 31) to record their income. Fiscal year filers use a different period (e.g., July–June). This bulletin assumes that you are a calendar year filer.

New Jersey has three personal income tax returns for individuals: Form NJ-1040 or Form NJ-1040EZ for residents, and Form NJ-1040NR

for nonresidents. New Jersey does not have separate tax returns for part-year residents or part-year nonresidents. You must use either Form NJ-1040 or Form NJ-1040NR (or both) depending on your residency status during the year, and show the income you received during the period of time covered by the return. (Form NJ-1040EZ is for full-year residents only.) Partyear residents will use the same form as fullyear residents (Form NJ-1040) and will indicate the dates they were New Jersey residents on Line 13. The return should show only the income received during that period. Likewise, part-year nonresidents will use the same form as full-year nonresidents (Form NJ-1040NR), indicating the dates they were New Jersey residents on Line 13.

If you file a part-year nonresident return, you will *also* file a part-year resident return, unless you had no income during the part of the year you were a resident. You must allocate your income between the resident and nonresident returns as appropriate. That is, report the income you received during the time you were a resident on your part-year resident return, and report the income you received during the part of the year you were a nonresident on your part-year nonresident return.

## Examples

- 1. Mary Smith was a New Jersey resident from January 1 through December 31. She files a "full-year" resident return which shows income received during the twelve-month period January–December.
- 2. Harry and Louise Evans were New Jersey residents from May 1 to December 31. They must file a "part-year" resident return and

report the income they received during their period of residency (May–December).

Note: If they had income from New Jersey sources between January 1 and April 30, the period when their residency status was "nonresident," they must file a New Jersey part-year nonresident return, too. See *Part-Year Nonresidents* on page 5.

- 3. Jane Henderson was a full-year resident of New York who worked in New Jersey from July through November. She files a "full-year" nonresident return because she was a nonresident for the entire year. Her New Jersey nonresident return will show the income she received during the period she was a nonresident i.e., January–December.
- 4. Adam Crenshaw worked in New Jersey for the entire year. For three months of the year he was a New Jersey resident and for the remaining nine months, a Delaware resident. Adam must file two New Jersey income tax returns: (1) a "part-year" resident return which shows the income he received during the three months he was a New Jersey resident and (2) a "part-year" nonresident return which shows his income during the period he was a nonresident of New Jersey.

# Residency Status and Income Full-Year Residents—

• You must file a full-year New Jersey resident income tax return if you were a New Jersey resident for the entire year and your gross income for the entire year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return).

• You are not required to file a full-year New Jersey resident income tax return if you were a New Jersey resident for the entire year and your gross income for the entire year was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return).

Note: Full-year residents whose income is below the amount at which they would be required to file a tax return **must** file Form NJ-1040 or Form NJ-1040EZ (or file electronically using NJ TeleFile, NJ WebFile, or approved vendor software) to claim a refund of tax withheld from wages or estimated payments made. You must also file a return to receive a New Jersey earned income tax credit even if you have no tax liability to New Jersey.

#### Part-Year Residents—

• You must file a part-year New Jersey resident income tax return if you were a New Jersey resident for part of the year and your gross income from all sources for the entire year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return) and you received any income (whether from New Jersey sources or not) during the part of the year you were a New Jersey resident.

You are subject to tax on the income shown on your part-year resident return if your gross income for the *entire* year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return), even if the income you reported on your part-year return for the period of New Jersey residency was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return).

No New Jersey income tax is due if the income you received during the entire year was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return). If your gross income was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return), enclose a copy of your Federal income tax return when you file your part-year New Jersey return. If you did not file a Federal return, enclose a statement with your New Jersey return certifying that your income for the entire year was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return).

**Note:** When you are a part-year New Jersey resident, you are a nonresident for the remainder of that year. See the filing requirements for *Part-Year Nonresidents* on page 5.

## **Examples**

- 1. During 2004, Jane Hanson, single, was a resident of California for ten months and a New Jersey resident for two months. Her income as a California resident totaled \$23,000, and the income she received during the two months she was a New Jersey resident was \$2,900. Jane is subject to tax on the \$2,900 she received as a part-year New Jersey resident because her income for the *entire* year was more than \$10,000.
- 2. Martha Gibson, single, was a New Jersey resident from January through September, 2004, when she moved to Florida and became a resident there. Her income as a New Jersey resident totaled \$5,800 and her income while a Florida resident was \$600. Martha is

not required to file a New Jersey part-year resident return, and she owes no New Jersey income tax on the \$5,800 she received as a part-year New Jersey resident because her income for the *entire* year was \$10,000 or less. However, Martha must file a return to claim any refund of New Jersey income tax that was either withheld or remitted through estimated payments. When she files her 2004 New Jersey return, Martha must enclose a copy of her Federal income tax return or, if no Federal return is filed, a statement certifying that her income for the year was \$10,000 or less.

#### Full-Year Nonresidents—

- You must file a full-year New Jersey nonresident income tax return if you were not a New Jersey resident for any part of the year and your gross income for the entire year from all sources (both inside and outside New Jersey) was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return) and you received any amount of income from New Jersey sources during the year.
- You are not required to file a full-year nonresident return if you were a nonresident for the entire year and your gross income from all sources (both inside and outside New Jersey) was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return).

Note: Full-year nonresidents whose income is below the amount at which they would be required to file a tax return **must** file Form NJ-1040NR to claim a refund of tax withheld from wages or estimated payments made.

#### Part-Year Nonresidents—

If you were a New Jersey resident for part of the year, you were a nonresident for the remainder of that year. File part-year resident and/or non-resident returns as follows:

• You must file both a part-year resident return and a part-year nonresident return if your gross income from all sources for the entire year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return) and you received income (whether from New Jersey sources or not) during the part of the year you were a resident and you received any amount of income from New Jersey sources during the part of the year you were a nonresident.

File only a part-year resident return if you received income (whether from New Jersey sources or not) during the part of the year you were a resident, but you had no income from New Jersey sources during the part of the year you were a nonresident. See *Part-Year Residents* on page 4.

• You must file only a part-year nonresident income tax return if your gross income from all sources for the entire year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return) and you had income from New Jersey sources during the part of the year you were a nonresident and you had no income during the part of the year you were a resident.

No New Jersey income tax is due if the income you received from all sources during the entire year was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate

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return). If your gross income was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return), enclose a copy of your Federal income tax return when you file your part-year New Jersey return. If you did not file a Federal return, enclose a statement with your New Jersey return certifying that your income for the entire year was \$20,000 or less (\$10,000 or less if filing status is single or married, filing separate return).

• You need not file either a resident or a nonresident return if you received no income during the part of the year you were a resident, and no income from New Jersey sources during the part of the year you were a nonresident.

# **Filing Status Considerations Spouse With Different Residency Status**

New Jersey law requires that your filing status for New Jersey gross income tax purposes be the same as for Federal income tax purposes. If you do not file a Federal return, but you are filing a New Jersey return, use the same filing status that you would have used if you had filed a Federal return. For more information request Tax Topic Bulletin GIT-4, *Filing Status*.

In general, if you are married and file a joint Federal return with your spouse, you must file a joint New Jersey return. If you and your spouse file separate Federal returns, separate State returns must also be filed.

• One spouse New Jersey resident, other spouse nonresident for entire year. An exception exists to the requirement that you use the same filing status on your New Jersey income tax return as you do on your Federal return

when one spouse was a New Jersey resident and the other a nonresident during the entire year. In this case, separate New Jersey returns may be filed (the resident files a resident return and the nonresident files a nonresident return), even though the couple files a joint Federal return. Each spouse computes income and exemptions as if Federal married, filing separate returns had been filed. The spouses have the option of filing jointly as residents, but if they do, their joint income (from both inside and outside New Jersey) will be taxed as if both spouses were residents.

• *Married taxpayers, both nonresidents; only* one spouse has income from New Jersey sources. If both spouses were nonresidents of New Jersey during the entire taxable year and only one spouse earned, received, or acquired income from New Jersey sources, the spouse who had income from New Jersey sources may file a separate New Jersey return, even though a joint Federal return was filed. The spouse with income from New Jersey sources computes income and exemptions as if a Federal married, filing separate return had been filed. The spouses have the option of filing a joint return, but if they do, joint income must be shown on the nonresident return. For more information on completing the nonresident return, see the instructions for Form NJ-1040NR.

Remember: A nonresident return must be filed if you received any amount of income from New Jersey sources as a nonresident, and your income from all sources (both inside and outside New Jersey) for the entire year was more than \$20,000 (\$10,000 if filing status is single or married, filing separate return).

## How Residents and Nonresidents Are Taxed

Residents. New Jersey residents are subject to tax on their income from all sources, whether the income is from inside or outside of New Jersey. As a part-year New Jersey resident you must report on your resident return all the income you received during the period of time you were a New Jersey resident, whether in the form of money, goods, property, benefits, or services, unless specifically excluded by law. Married persons filing jointly must report the income of both spouses.

The following are examples of income you must report if earned or received while you were a resident of New Jersey: wages, fees, or commissions earned in New Jersey or elsewhere (including a foreign country); interest received on a bank account whether located in or out of New Jersey; gain from the sale of property both in and out of New Jersey; lottery winnings from any state other than New Jersey; net profits from business, regardless of where the business is located; etc.

**Remember:** When completing your part-year resident return, report only the income you received during the time period covered by your resident return.

Part-year residents must prorate all exemptions, deductions, and credits, as well as the pension and other retirement income exclusions, to reflect the period covered by their return. For example, a full-year New Jersey resident is entitled to a \$1,000 personal exemption; whereas a resident for six months is entitled to a personal exemption of only \$500. See *Completing a Part-Year Resident Return* on page 8.

*Nonresidents*. For nonresidents, New Jersey income tax liability is based on the percentage of their total income which comes from New Jersey.

The income section of the New Jersey nonresident return has two columns—Column A, income from everywhere and Column B, income from New Jersey sources. In the first column, report your income from all sources (both inside and outside New Jersey) as if you were a resident, and in the second column, list only income which was derived from New Jersey sources. Pennsylvania residents see page 17.

In accordance with Federal legislation (Service-members Civil Relief Act, P.L. No. 108-189) nonresident servicepersons are *not* required to include their military pay in either their "income from everywhere" (Column A) or "income from New Jersey Sources" (Column B) on the New Jersey nonresident income tax return. For more information, request Tax Topic Bulletin GIT-7, *Military Personnel*.

**Remember:** When completing your part-year nonresident return, report in each column only the income you received during the time period covered by your nonresident return.

As a nonresident, your tax is computed on your income from all sources as if you were a New Jersey resident, and then prorated according to the ratio that your New Jersey income bears to your income from both inside and outside New Jersey. In other words, your final New Jersey income tax liability is based on the percentage of your income which comes from New Jersey.

For more information on completing the non-resident return, refer to the instructions in the nonresident income tax return instruction booklet (Form NJ-1040NR-P).

## **COMPLETING A PART-YEAR RESIDENT RETURN**

### Important Points:

- Enter dates of your New Jersey residency on Line 13.
- Report income, withholdings, and payments for period of New Jersey residency only.
- Prorate exemptions, deductions, and exclusions based on residency period.
- If you also complete a part-year nonresident return, allocate your income, withholdings, and payments between the two returns as appropriate.



**1. Residency Status.** Complete Line 13. Show the beginning and ending dates of your residency in New Jersey during the year. If

you were a resident for 15 days or more of a month, that month counts as a month of residence.

| 14.  | Wages, salaries, tips, and other employee compensation (Enclose W-2)          | 14 , , , , , , , , , , , , , , , , , , ,  |
|------|---|---|
| 15a. | Taxable interest income (See instructions)                                    | 15a , , , , , , , , , , , , , , , , , , , |
| 15b. | Tax-exempt interest income (See instructions)                                 |   |
| 16.  | Dividends   | 16 , , , , , , , , , , , , , , , , , , ,  |
| 17.  | Net profits from business (Enclose copy of Federal Schedule C, Form 1040)     | 17 , , ,                                  |
| 18.  | Net gains or income from disposition of property (Schedule B, Line 4)         | 18 , , , , , , , , , , , , , , , , , , ,  |
| 19.  | Pensions, a. Taxable Amount Received  |   |
|      | Annuities and IRA b. Less N.J. Pension Exclusion                              |   |
|      | Withdrawals c. Subtract Line 19b from Line 19a                                | 19c , , , , , , , , , , , , , , , , , , , |
| 20.  | Distributive Share of Partnership Income (See instructions)                   | 20 , , , , , , , , , , , , , , , , , , ,  |
| 21.  | Net pro rata share of S Corporation Income (See instructions)                 | 21 , , , , , , , , , , , , , , , , , , ,  |
| 22.  | Net gain or income from rents, royalties, patents & copyrights                | 22 , , , , , , , , , , , , , , , , , ,    |
| 23.  | Net Gambling Winnings   | 23 , , , , , , , ,                        |
| 24.  | Alimony and separate maintenance payments received                            | 24 , , , , , , , , , , , , , , , , , , ,  |
| 25.  | Other (See instructions)  | 25 , , , , , , , , , , , , , , , , , , ,  |
| 26.  | Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25) | 26 , , , , , , , , , , , , , , , , , , ,  |
|      |   | 27  |
| 27.  | Total Income (From Line 26, Page 1)   |   |
| 28.  | Other Retirement Income Exclusion (See Worksheet and instructions)            |   |
| 29.  | New Jersey Gross Income (Subtract Line 28 from Line 27)                       | 29 , , , , , , , , , , , , , , , , , , ,  |

**2. Income.** Complete Lines 14–25. Enter the total amount you received in each category of income during your period of residency in New Jersey (dates shown on Line 13).

**3. Pensions, Annuities, IRA Withdrawals** (**Line 19a**). Report the taxable amount of pensions, annuities, and IRA withdrawals you received while you were a resident.

If you are receiving a United States military pension or survivor's benefit payments, the military pension or survivor's benefit is not taxable for New Jersey gross income tax purposes, regardless of age or disability status. Do not include such payments on Line 19a, Form NJ-1040.

Pension Exclusion (Line 19b). If you qualify for the pension exclusion, prorate the amount by the number of months you were a New Jersey resident by using the formula below. For this calculation 15 days or more is a month. Use the prorated pension exclusion amount on Line 19b.

#### **Other Retirement Income Exclusion**

(Line 28). If you and/or your spouse were 62 years of age or older and you did not use your entire prorated pension exclusion on Line 19b (the amount reported on Line 19a was less than the prorated pension exclusion for your filing status), you may be eligible to exclude other income on Line 28. *Do not* complete Worksheet D in the NJ-1040 instruction booklet to determine whether or not you qualify for the Other Retirement Income Exclusion. Instead, total the earned income (wages, net profits from business,

partnership income, and net pro rata share of S corporation income) you received for the *entire year*. If your earned income for the entire year was \$3,000 or less, you are eligible for the exclusion and may enter the unused portion of your prorated pension exclusion on Line 28. This allows you to exclude other income reported on your part-year resident return.

Note: When you and your spouse file a joint return and only one of you is 62 or older, you may claim the full amount of the prorated exclusion. However, only the income of the qualified spouse may be excluded.

For information on calculating your partnership and S corporation income, request Tax Topic Bulletin GIT-9P, *Income From Partnerships*, and GIT-9S, *Income From S Corporations*. For more detailed information on pension, annuity, and IRA withdrawal income and the New Jersey income exclusions, request Tax Topic Bulletins GIT-1, *Pensions and Annuities*, and GIT-2, *IRA Withdrawals*. For information on Roth IRAs, request Technical Bulletin TB-44, *Roth IRAs*.

#### PRORATING THE PENSION EXCLUSION:

Total Pension Exclusion Amount  $\times \frac{\text{Months of NJ Residence}}{12} = \text{Prorated Pension Exclusion Amount}$ 

#### **Example**

A 65-year-old, single taxpayer who was a New Jersey resident for 4 months of the 2004 tax year prorates the pension exclusion amount like this:

$$15,000 \times \frac{4}{12} = 5,000$$

| 30a.<br>30b. |                  | From Line 12a  |                    |      |     |   |    |
|--------------|------------------|--|--------------------|------|-----|---|----|
| 30c.         |                  | Amount (Add Line 30a and Line ents see instructions. | 9 30b)             |      | 30c | , | ]. |
| 31.          | Medical Expense  | es (See Worksheet and instruction                    | ons)               |      | 31  | , | ]. |
| 32.          | Alimony and Sep  | arate Maintenance Payments                           |                    |      | 32  | , | ]. |
| 33.          | Qualified Conser | vation Contribution                                  |                    |      | 33  | , | ]. |
| 34.          | Total Exemptions | and Deductions (Add Lines 30                         | c, 31, 32, and 33) |      | 34  | , |    |
| 35.          | Taxable Income ( |  |                    | 35 , |     | , | ]. |

**4. Exemptions.** You must prorate the exemption allowance amount based upon the number of months you were a New Jersey resident. For this calculation, 15 days or more is

a month. First determine the full value of your exemptions by completing Lines 30a and 30b, and then use the formula below. Enter the prorated exemption amount on Line 30c.

#### PRORATING THE EXEMPTION ALLOWANCE:

Total Exemption Amount  $\times \frac{\text{Months of NJ Residence}}{12} = \text{Prorated Pension Exclusion Amount}$ 

#### 5. Deductions.

(a) Medical Expenses. You may deduct certain medical expenses for which you were not reimbursed by insurance or any other plan, qualified Archer medical savings account (MSA) contributions, and health insurance costs of the self-employed. Complete Worksheet E in the resident return instruction booklet (Form NJ-1040-P) to calculate your deduction for medical expenses. Include only those expenses which were incurred and paid during the period of time you were a New Jersey resident.

(b) Alimony and Separate Maintenance Payments. You may deduct alimony and separate

maintenance payments paid for the period of time you were a New Jersey resident. Child support payments are not deductible.

(c) Qualified Conservation Contribution. You may deduct the amount of any qualified conservation contribution you made during the period of time you were a New Jersey resident.

Note: New Jersey does not allow a deduction for adjustments taken on the Federal return such as employee business expenses or IRA and Keogh Plan contributions.

|  |  | Schedule 1 – I  | Property Tax Deducti   | ion      | /Credit                                     |                  |                    |  |  |  |
|--|--|---|--|----------|---|------------------|--------------------|--|--|--|
|  |  | columns of this schedule to find out whether the this schedule if you claim a credit for tax  |  |          |   |                  |                    |  |  |  |
|  | Property Tax. Enter the property taxes you paid in 2004. Renters enter 18% of rent paid in 2004.  See instructions. (Complete Schedule 1-A before entering an amount here if you had more than one  New Jersey residence during the year or if your principal residence(s) had multiple owners, multiple units, or multiple tenants.)  1 |   |  |          |   |                  |                    |  |  |  |
|  |  | olumn A below. See instructions.  | . \$   |          | 2   |                  |                    |  |  |  |
|  |  | Column A  | П  | Column B |   |                  |                    |  |  |  |
| 3.   | Taxable Inco   | me (Copy from Line 35 of your NJ-1040)  |  | 3.       |   | 3.               |                    |  |  |  |
| 4.   | Property Tax   | Deduction (Copy from Line 2 of this schedule)   |  | 4.       |   | 4.               | - 0 -              |  |  |  |
| 5.   | 5. Taxable Income After Property Tax Deduction (Subtract Line 4 from Line 3)   |   |  |          |   | 5.               |                    |  |  |  |
| 6.   | 6. Tax you would pay on Line 5 amount (enter amount from Tax Table/Tax Rate Schedules)   |   |  |          |   | 6.               |                    |  |  |  |
| 7. Subtract Line 6, Column A from Line 6, Column B and enter the result here |  |   |  |          |   | 7.               |                    |  |  |  |
| 8.   |  | Line 36 Line 37 Line 37 Line 38 Line 38 Line 38 Line 44 Ma You receive a greater tax benefit from the Protection of the following entries on Form NJ-1040.  Form NJ-1040 Entries 36 Ma Line 36 Ma Line 37 Line 38 Line 38 Line 38 Line 44 \$5 | ne Property Tax Deduction. Make the enter amount from: ne 4, Column A ne 5, Column A ne 6, Column A ake no entry | nts, s   | ving entries on Form ee instructions before | NJ-104<br>e answ | vering "No.") Make |  |  |  |

**6. Property Tax Deduction/Credit.** A partyear resident may be eligible to claim a deduction or credit for property taxes, or rent constituting property taxes (18% of rent), due and paid during their period of residency. If you do not claim credit for taxes paid to another jurisdiction, complete Schedule 1 to determine the amount of your property tax deduction and whether you should elect to take the property tax deduction on Line 36, Form NJ-1040 or the property tax credit on Line 44. If you claim credit for taxes paid to another jurisdiction, complete Schedule A and Worksheet F to make this determination. Enter the amount of property taxes or 18% of rent due and paid during your period of residency on Line 1 of Schedule 1. Complete the balance of the schedule according to the instructions. The minimum benefit for a full-year resident is \$50. You must prorate this minimum benefit based on

the number of months you were a New Jersey resident. For this calculation, 15 days or more is a month. You must also prorate if your filing status is married, filing separate return. After prorating the \$50 minimum benefit, answer the question at Line 8 of Schedule 1 based on this prorated amount rather than the \$50 amount. You will then be able to determine whether you will receive a greater tax benefit by taking the property tax deduction or claiming the prorated credit.

For information on claiming credit for taxes paid to another jurisdiction, request Tax Topic Bulletin GIT-3W, Credit for Taxes Paid to Other Jurisdictions (Wage Income), and GIT-3B, Credit for Taxes Paid to Other Jurisdictions (Business/Nonwage Income). For more detailed information on the property tax deduction/credit, see the instructions contained in the resident return instruction booklet (Form NJ-1040-P).

| 42. | Total Tax (Add Line 40 and Line 41)   | 42 ,                                     |
|-----|---|--|
| 43. | Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)                                 | 43 ,                                     |
| 44. | Property Tax Credit (See instructions)  | 44 .                                     |
| 45. | New Jersey Estimated Tax Payments/Credit from 2003 tax return  Fill in if Form NJ-2210 is enclosed. | 45 , , , , , , , , , , , , , , , , , , , |
| 46. | New Jersey Earned Income Tax Credit (See schedule Page 3)   | 46 ,                                     |
| 47. | EXCESS New Jersey UI/HC/WD Withheld (See instructions) (Enclose Form NJ-2450)                       | 47 ,                                     |
| 48. | EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)           | 48 ,                                     |
| 49. | Total Payments/Credits (Add Lines 43 through 48)  | 49 ,                                     |

### 7. Tax Withheld/Property Tax Credit/ Estimated Payments.

(a) Enter the amount of New Jersey income tax withheld from wages you earned or other payments you received while you were a New Jersey resident. If your employer combined wages you earned as a resident and wages you earned as a nonresident on the same W-2, and you earned some of those wages from New Jersey while a nonresident, include here only tax withheld during the period you were a resident. Allocate the New Jersey income tax withheld between your part-year resident and part-year nonresident returns. If you did not earn any of the wages on the W-2 while a nonresident, report the total New Jersey tax withheld on the W-2.

- (b) If you are claiming a property tax credit rather than a property tax deduction, enter the amount of your prorated credit.
- (c) Enter the amount of estimated payments to New Jersey for the period of time you were a resident. If you made estimated payments both as a resident and as a nonresident, enter on your part-year resident return the payment(s) made to meet the tax liability for your period of New Jersey residency. Enter on the part-year nonresident return the payment(s) made to satisfy your tax liability during the part of the year you were a nonresident. Also enter amounts, if any, paid to qualify for an extension of time to file.

| EARNED INCOME TAX CREDIT SCHEDULE  |
|--|
| You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2004, your gross income on Line 29, Form NJ-1040 is \$20,000 or less, and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions. |
| 1. Did you file a 2004 Federal Schedule EIC on which you listed at least one "qualifying child"? ← Yes ← No  |
| 2. Fill in oval if you had the IRS figure your Federal Earned Income Credit  |
| 3. Enter the amount of Federal Earned Income Credit from your 2004 Federal Form 1040 or 1040A  |
| 4. Enter 20% of amount on Line 3 here and on Page 2, Line 46   |

#### 8. New Jersey Earned Income Tax Credit

If you are eligible and file for a Federal earned income credit, you may also be eligible for a New Jersey earned income tax credit. The credit reduces the amount of tax you owe and may also give you a refund, even if you have no tax liability to New Jersey.

You are allowed a New Jersey earned income tax credit if:

- The filing status on both your Federal return and your New Jersey return is married, filing joint return, head of household, or qualifying widow(er); and
- Your gross income for the entire year from all sources was \$20,000 or less; and
- You have at least one "qualifying child" for purposes of the Federal earned income credit.

Complete the Earned Income Tax Credit Schedule to see if you qualify. For tax year 2004, the New Jersey earned income tax credit equals 20% of the Federal earned income credit. However, you must prorate your credit based on the number of months you were a New Jersey resident. For this calculation 15 days or more is a month.

You must file Form NJ-1040 to receive a New Jersey earned income tax credit, even if you are not required to file a return because your gross income is below the minimum income threshold (see *Part-Year Residents* on page 4).

Note: If your filing status is single or married, filing separate return, you may not claim a New Jersey earned income tax credit.

If you asked the Internal Revenue Service to calculate your Federal earned income credit, be sure to fill in the oval at Line 2 on the Earned Income Tax Credit Schedule. The IRS will provide information to the Division of Taxation in October 2005. Please allow at least 4–6 weeks for the Division to process the information and issue a check for your New Jersey earned income tax credit.

# PRORATING THE NEW JERSEY EARNED INCOME TAX CREDIT: Total New Jersey EITC Amount $\times \frac{\text{Months of NJ Residence}}{12} = \text{Prorated New Jersey EITC Amount}$

#### TR-1040 2004

## STATE OF NEW JERSEY FAIR REBATE APPLICATION (FOR TENANTS)

| :    | <ol> <li>Single</li> <li>Married, filing joint return</li> <li>Married, filing separate return</li> <li>Head of household</li> <li>Qualifying widow(er)</li> </ol> | 6. If you were a New Jersey resident for part of the taxable year, give the per New Jersey residency: |               | From _          | M M /         | D            | D / Y         | Y          |    |
|------|--|---|---------------|-----------------|---------------|--------------|---------------|------------|----|
| 7.   | On October 1, 2004, I rented and occupied an   | apartment or other rental dwelling in New   | Jersey a      | as my principa  | l residence.  |              |               |            |    |
|      | ✓ Yes    ✓ No    If "No  | o," STOP. You are not eligible for a rebate a   | s a tena      | ant and should  | not file this | applica      | ıtion. See ir | nstruction | s. |
| 8.   | On December 31, 2004, I (and/or my spouse) wa Fill in only one oval. See instructions.   | as a. Age 65 or older b.  | <b>←</b> Blin | d or disabled   | c. <b>O</b>   | ├ Not 6      | 65 or blind   | or disable | d  |
| 9.   | Enter the GROSS INCOME you reported on L or see instructions   |   | 9             |                 |               |              |               |            | ٦  |
| 10.  | If your filing status is MARRIED, FILING SEPA<br>spouse MAINTAIN THE SAME PRINCIPAL RI<br>reported on your spouse's return (Line 29, For                           | ESIDENCE, enter the gross income  | 10            | ],              |               |              |               |            |    |
| 11.  | TOTAL GROSS INCOME (Add Line 9 and Line  | e 10)   | 11            |                 |               |              |               |            | ٦  |
|      | STOP - IF LINE 11 IS MORE THAN \$100,000   | , YOU ARE NOT ELIGIBLE FOR A REBA   | TE.           |                 |               | 17           |               | •          | _  |
| 12.  | Enter the address of the rental property in Nev  | v Jersey that was your principal residence  | on Octo       | ober 1, 2004.   |               |              |               |            |    |
|      | Street Address (including apartment number)  |   | Municipa      | ality           |               |              |               |            | _  |
| 13.  | Enter the total rent you (and your spouse) paid property indicated at Line 12  |   | 13            |                 |               | ]            |               |            |    |
| 14.  | Enter the number of days during 2004 that you indicated at Line 12. (If you lived there for all c  |   |               |                 | 14            |              |               |            |    |
| 15.  | Did anyone, other than your spouse, occupy a Yes   | , , ,   | ,             | ated at Line 12 | 2?            |              |               |            |    |
| 15a. | Enter the total number of tenants (including you indicated at Line 14. (For this purpose, husbar   |   |               |                 | 15a           |              |               |            |    |
| 15b. | Enter the name(s) and social security number   | (s) of all other tenants (other than your spo   | use) wh       | o shared the r  | ent.          |              |               |            |    |
|      | Name   |   |               | SS#             | /_            |              | _ /           |            | _  |
|      | Name   |   |               | SS#             | /_            |              | /             |            | _  |
| 15c. | Enter the total rent paid by all tenants during t  | he period indicated at Line 14  | 15c           |                 |               | $ $ , $\Box$ |               | $\Box$     |    |

#### 9. FAIR Rebate Application (for Tenants).

Part-year residents may be eligible for a New Jersey FAIR tenant rebate if they rented and occupied a qualified dwelling in New Jersey that was their principal residence on October 1, 2004, and they meet all the other eligibility requirements. Since eligibility for the FAIR rebate is based, in part, on gross income, your application must show your gross income for the *entire year*. (This figure may be different from the amount of gross income you reported on Line 29 of your part-year resident return.) If you are married and filing separately, and you and your spouse maintain the same principal residence, you must also

list your spouse's income for the *entire year*. Complete the balance of the application according to the instructions. Enter only the rent you paid for the rental property that was your principal residence on October 1, 2004.

Note: If you owned and occupied a home in New Jersey that was your principal residence on October 1, 2004, you may be eligible for a FAIR rebate as a homeowner. Applications will be mailed to homeowners after the end of the income tax filing season in April. There is no FAIR homeowner rebate application in the income tax return booklet.

## COMPLETING A PART-YEAR NONRESIDENT RETURN

#### Important Points:

- Enter the dates you were a New Jersey *resident* on Line 13.
- Report income, withholdings, and payments for period of New Jersey nonresidency only.
- When reporting your income, fill out both Column A and Column B completely.
- Prorate exemptions, deductions, and exclusions based on nonresidency period.
- If you also complete a part-year resident return, allocate your income, withholdings, and payments between the part-year resident and part-year nonresident returns as appropriate.

| Spouse's Social Security Number Home Add   | ecurity Number Home Address (Number and Street, including apartment number or rural route)                                  |             |                                      |  |  |  |  |  |
|--|---|-------------|--------------------------------------|--|--|--|--|--|
| ↑ You must enter your SSN(s) above ↑ City, Town State of Residency                         | Post Office State   | Zip Code    | print or type your name and address. |  |  |  |  |  |
| (Check only ONE box)  1.   | 1 10. Number of other dependents  | 6<br>7<br>8 | 9 10                                 |  |  |  |  |  |
| Name and Social Security Number of Spouse 4. ☐ Head of household 5. ☐ Qualifying widow(er) | 11. Dependents attending colleges 12. Totals (For Line 12a—Add Lines 6, 7, 8, and 11) (For Line 12b—Add Line 9 and Line 10) | 12a         | 12b                                  |  |  |  |  |  |
| LOTATUO '  | Jersey resident for ANY part of the From the period of New Jersey residency. MONTH DAY YEAR                                 | To          | AY YEAR                              |  |  |  |  |  |

#### 1. Residency Status.

- (a) Complete the "State of Residency" box below your social security number(s) at the top of the return. Indicate the place outside New Jersey where you lived for the period of *nonresidency*. If you lived at more than one location, give the most recent.
- (b) Complete Line 13. Show the beginning and ending dates of your *residency in New Jersey* during the tax year.

Note: When you file a part-year nonresident return, you are likely to be required to file a part-year resident return, too. (See page 5.) The part-year resident return covers the period of residency shown on Line 13, and the part-year nonresident return covers the portion of the year you were *not a resident of New Jersey*. If you were a nonresident for 15 days or more of a month, that month counts as a month of nonresidence. See *Exemptions* on page 19.

|     |   | АМО | (Column A) UNT OF GROSS INCOME (EVERYWHERE) | (Column B)  AMOUNT FROM  NEW JERSEY SOUR |  |  |
|-----|---|-----|---|--|--|--|
| 14. | Wages, salaries, tips, and other employee compensation                            | 14  |   | 14                                       |  |  |
| 15. | Interest  | 15  |   | 15                                       |  |  |
| 16. | Dividends   | 16  |   | 16                                       |  |  |
| 17. | Net profits from business (Attach copy of Federal Schedule C, Form 1040)          | 17  |   | 17                                       |  |  |
| 18. | Net gains or income from disposition of property (From Line 53)                   | 18  |   | 18                                       |  |  |
| 19. | Net gains or income from rents, royalties, patents, and copyrights (From Line 56) | 19  |   | 19                                       |  |  |
| 20. | Net gambling winnings   | 20  |   | 20                                       |  |  |
| 21. | Pensions, Annuities, and IRA Withdrawals, Less New Jersey Exclusion               | 21  |   |  |  |  |
| 22. | Distributive Share of Partnership Income  | 22  |   | 22                                       |  |  |
| 23. | Net pro rata share of S Corporation Income  | 23  |   | 23                                       |  |  |
| 24. | Alimony and separate maintenance payments received                                | 24  |   | 24                                       |  |  |
| 25. | Other—State Nature and Source   | 25  |   | 25                                       |  |  |
| 26. | TOTAL INCOME (Add Lines 14 through 25)  | 26  |   | 26                                       |  |  |
| 27. | Other Retirement Income Exclusion (See Worksheet and Instructions)                | 27  |   | 27                                       |  |  |
| 28. | Gross Income (Subtract Line 27 from Line 26)                                      | 28  |   | 28                                       |  |  |

**2. Income.** Complete *both* Columns A and B, Lines 14–26. Include only income you received for the part of the year you were a nonresident. Report in Column A income from all sources (both inside and outside New Jersey) as if you were a resident; in Column B, show your income from New Jersey sources. Follow the instructions in the nonresident return instruction booklet for completing each line. For every entry in Column A, there should be an entry on the corresponding line in Column B. If none of the income in Column A is from New Jersey sources, enter "0" in Column B. In certain circumstances, the amount in Column B can exceed the amount in Column A.

Pennsylvania residents are not subject to income tax on wages they earn in New Jersey. Therefore, if you are a Pennsylvania resident, you must report all your wages (including wages earned in New Jersey) in Column A, and "0" should be entered in Column B.

This exception applies only to *wages*. Pennsylvania residents are subject to New

Jersey tax on other types of income from New Jersey sources. For example, winnings from a casino or racetrack located in New Jersey or net profits from a business located in New Jersey must be reported in both Column A and Column B.

#### 3. Pensions, Annuities, IRAs (Line 21).

COLUMN A: Calculate the amount of your reportable pensions, annuities, and IRA withdrawals and then subtract the New Jersey pension exclusion. Use only amounts you received while you were a nonresident, and prorate your pension exclusion by the number of months you were a nonresident. For this calculation 15 days or more is a month. See *Completing a Part-Year Resident Return* on page 8 for a description of how to prorate the pension exclusion amount.

See page 10 for information on reporting military pensions.

For more information on pension, annuity, and IRA withdrawal income and the New Jersey income exclusions, request Tax Topic Bulletins GIT-1, *Pensions and Annuities*, and GIT-2, *IRA Withdrawals*.

COLUMN **B:** Pension, annuity, and IRA withdrawal income is not taxable to nonresidents. Therefore, no entry is needed on Line 21 in Column B.

# Other Retirement Income Exclusion (Line 27, Columns A and B).

If you and/or your spouse were 62 years of age or older and you did not use your entire prorated pension exclusion on Line 21, Column A, (your pension, annuity, or IRA withdrawal was less than the prorated pension exclusion for your filing status), you may be eligible to exclude other income on Line 27. Do not complete Worksheet D in the NJ-1040NR instruction booklet to determine whether or not you qualify for the Other Retirement Income Exclusion. Instead, total the earned income (wages, net profits from business, partnership income, and net pro rata share of S corporation income) you received from both inside and outside New Jersey for the entire year. Your eligibility for the exclusion is determined by amounts you

received from these types of income for the entire year, even though as a nonresident you are subject to New Jersey tax only on amounts you received from New Jersey sources. If your earned income for the entire year was \$3,000 or less, you are eligible for the exclusion and may enter the unused portion of your prorated pension exclusion on Line 27. This allows you to exclude other income reported on your part-year nonresident return.

Note: When you and your spouse file a joint return and only one of you is 62 or older, you may claim the full amount of the prorated exclusion. However, only the income of the qualified spouse may be excluded.

For information on calculating your partnership and S corporation income, request Tax Topic Bulletin GIT-9P, *Income From Partnerships*, and GIT-9S, *Income From S Corporations*.

| 29a. Exemptions: From Line 12a x \$1,000 =                          |     |  |
|---|-----|--|
| 29b. From Line 12b × \$1,500 =                                      |     |  |
| 29c. Total Exemption Amount (Add Lines 29a and 29b)                 |     |  |
| Part-year nonresidents see instructions                             | 29c |  |
| 30. Medical Expenses (See Worksheet and Instructions)               | 30  |  |
| 31. Alimony and separate maintenance payments                       | 31  |  |
| 32. Qualified Conservation Contribution                             | 32  |  |
| 33. Total Exemptions and Deductions (Add Lines 29c, 30, 31, and 32) | 33  |  |
| 34. TAXABLE INCOME (Subtract Line 33 from Line 28, Column A)        | 34  |  |

4. Exemptions. You must prorate the exemption allowance amount based upon the number of months you were a New Jersey nonresident. For this calculation 15 days or more is a month. First determine the full value of your exemptions by completing Lines 29a and 29b.

Once you have calculated your Total Exemption Amount, use the formula below and then enter the prorated exemption amount on Line 29c.

#### PRORATING THE EXEMPTION ALLOWANCE:

Total Exemption Amount  $\times \frac{\text{Months of NJ Nonresidence}}{12}$  = Prorated Exemption Amount

#### 5. Deductions.

(a) Medical Expenses. You may deduct certain medical expenses for which you were not reimbursed by insurance or any other plan, qualified Archer medical savings account (MSA) contributions, and health insurance costs of the self-employed. Complete Worksheet E in the nonresident return instruction booklet (Form NJ-1040NR-P) to calculate your deduction for medical expenses. Include only those expenses which were incurred and paid during the period of time you were a New Jersey nonresident.

- (b) Alimony and Separate Maintenance Payments. You may deduct alimony and separate maintenance payments paid for the period of time you were a New Jersey non-resident. Child support payments are not deductible.
- (c) Qualified Conservation Contribution. You may deduct the amount of any qualified conservation contribution you made during the period of time you were a New Jersey nonresident.

| 39. | Total New Jersey Income Tax Withheld (Attach Form W-2)                           | 39 |             |          |                         |
|-----|--|----|-------------|----------|-------------------------|
| 40. | New Jersey Estimated Tax Payments/Credit from 2003 tax return                    | 40 |             |          |                         |
| 41. | Tax paid on your behalf by Partnership(s)  | 41 |             |          | Check ☐ if Form NJ-2210 |
| 42. | 42. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See instructions)         |    |             |          | is attached.            |
| 43. | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See instructions) | 43 |             |          |                         |
| 44. | Total Payments/Credits (Add Lines 39 through 43)                                 |    | ENTER TOTAL | <b>\</b> | 44                      |

#### 6. Tax Withheld/Estimated Payments.

(a) Enter the amount of New Jersey income tax withheld from wages you earned or other payments you received while you were a New Jersey nonresident. If your employer combined wages you earned as a resident and wages you earned as a nonresident on the same W-2, and you earned some of those wages from New Jersey while a nonresident, include here only tax withheld during the period you were a nonresident. Allocate the New Jersey income tax withheld between your part-year resident and part-year nonresident returns if you earned wages from New Jersey as a resident and as a nonresident.

(b) Enter the amount of estimated payments to New Jersey for the period of time you were a nonresident. If you made estimated payments both as a resident and as a nonresident, enter on your part-year resident return the payment(s) made to meet the tax liability for your period of New Jersey residency. Enter on the part-year nonresident return the payment(s) made to satisfy your tax liability during the part of the year you were a nonresident. Also enter amounts, if any, paid to qualify for an extension of time to file.

| PAF | ART III  ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY  (See instructions if compensation transacted or if other basis of all transacted or if other basis or all transacted or | '                       | olume of business                        |
|-----|--|-------------------------|--|
| 57. | 7. Amount reported on Line 14 in Column A required to be allocated   | 57                      |  |
| 58. | 3. Total days in taxable year  | 58                      |  |
| 59. | 9. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)   | ) 59                    |  |
| 60. | D. Total days worked in taxable year (Subtract Line 59 from Line 58)   | 60                      |  |
| 61. | Deduct days worked outside New Jersey  | 61                      |  |
| 62. | 2. Days worked in New Jersey (Subtract Line 61 from Line 60)   | 62                      |  |
| 63. | 3. ALLOCATION FORMULA $\frac{\text{(Line 62)}}{\text{(Line 60)}} \times \frac{\text{(Enter amount from Line 57)}}{\text{(Salar)}} = \frac{1}{\text{(Salar)}}$  | ary earned inside N.J.) | (Include this amount on Line 14, Col. B) |

7. Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey. Complete this section only when you have wage/salary income earned partly inside and partly outside New Jersey and you cannot readily determine the amount of wage/

salary income derived from New Jersey. For purposes of completing this section, "total days" on Line 58 means the number of days covered by your part-year return. Complete Lines 57–63 accordingly.

## Example A

#### Part-Year Resident/Part-Year Nonresident

- John Perry, age 35, and Joan Perry, age 32, are married and file a joint Federal return. They have two dependents, their one-year-old son, and Mr. Perry's 67-year old mother.
- The family moved to New Jersey from New York City on April 1. They rented an apartment at 123 Elm St., Montclair, NJ 07042 from April 1 to December 31 for \$750 a month.
- Husband worked for the same employer in New Jersey all year; wages for the year, \$72,000.
- Wife's wages for part-time job from September to December, \$3,000.

- Couple received \$6,400 in interest on their joint accounts and \$480 in dividends for the year.
- On March 1, they sold 200 shares of jointly held stock in ABC Corp. for \$3,500, purchased the previous year for \$2,800.
- They won \$75 in the New York Lottery on February 3 and \$62 in the New Jersey Lottery on July 29.
- New Jersey income tax withheld: \$1,983 for Mr. Perry and \$52 for Mrs. Perry.
- Four estimated tax payments of \$50 each made to New Jersey on April 15, June 15, September 15, and January 15 of the following year.

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| N.     | J-1040NR                 | 2004           |                 |  | STATE OF NEW JE            | RSEY            |             | INC      | OME TAX—   | NON | RES      | IDEI    | NT RE                   | TURI                         | N                |        |
|--------|--------------------------|----------------|-----------------|--|----------------------------|-----------------|-------------|----------|------------|-----|----------|---------|-------------------------|------------------------------|------------------|--------|
| Your S | Social Security Nun      | nber           | Last Name, Fi   | Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different) |                            |                 |             |          |            |     |          |         | Place label             |                              |                  |        |
| 99     | 99 34                    | 0722           | Perry           | , Jo   | hn and Joan                |                 |             |          |            |     |          |         |                         | on form if all<br>preprinted |                  |        |
| Spous  | e's Social Security      | Number         | Home Address    | Home Address (Number and Street, including apartment number or rural route)  |                            |                 |             |          |            |     |          |         |                         | infor                        | matio            | n      |
| 99     | 99   01                  | 3664           | 123 E           | 123 Elm St.  |                            |                 |             |          |            |     |          |         |                         |                              | orrect<br>erwise |        |
|        | nust enter your SS       | SN(s) above ↑  | City, Town, Po  | st Offi  | се                         | State           |             |          |            |     | Zip C    | ode     |                         |                              | or typ           |        |
|        | of Residency<br>Iew York |                | Monto           | clair  |                            | NJ              |             |          |            |     | 070      | )42     |                         |                              | addres           |        |
|        | (Check onl               | ly ONE box)    |                 |  | 6. Regular                 | ▼ Yourself      | <b>⊠</b> Sp | ouse     | □ Domesti  | С   | 6        | $\perp$ | 2                       |                              |                  |        |
| 1. □   | Single                   |                |                 | SS   | 7. Age 65 or Over          | ☐ Yourself      | □ Sp        | ouse     | Partner    |     | 7        | $\perp$ |                         |                              |                  |        |
| 2. 🗷   | Married, filing          | joint return   |                 | 0  | 8. Blind or Disabled       | ☐ Yourself      | □ Sp        | ouse     |            |     | 8        | Щ       |                         |                              |                  |        |
| 3. 🗆   | Married, filing          | separate re    | turn            | EMPTIONS   | 9. Number of qualifie      | d dependent ch  | ildren      |          |            |     |          |         |                         | 9                            | 1                |        |
|        | , ,                      | '              |                 | ⅀  | 10. Number of other de     | ependents       |             |          |            |     |          | 4       |                         | 10                           | 1                |        |
| Nam    | e and Social Secu        | urity Number o | of Spouse       | EX   | 11. Dependents attended    | ding colleges   |             |          |            |     | 11       | +       |                         |                              |                  |        |
| 4.     | Head of hous             | ehold          |                 | ш  | 12. Totals (For Line       | 12a—Add Line    | es 6, 7, 8  | B, and   | l 11)      |     |          |         |                         |                              |                  |        |
| 5. □   | l Qualifying wid         | dow(er)        |                 |  | (For Line                  | 12b—Add Line    | 9 and L     | ine 1    | 0)         |     | 128      | 1       | 2                       | 12b                          | 2                |        |
| RES    | IDENCY 13.               |                |                 |  | dent for ANY part of the   | From _          | 0           | 4-01     | 1-04       | To  |          | 12      | 2-31-0                  | )4                           |                  |        |
| STAT   |                          |                | ar, give the pe | riod c   | f New Jersey residency.    | М               | ONTH        | DAY      |            | _   | MONT     | Н       | DAY                     | YE.                          | AR               |        |
|        | ERNATORIAL               |                |                 |  | o designate \$1 of your ta |                 |             | $\vdash$ | res No     |     |          |         | k the "Yes<br>tax or re |                              |                  |        |
| ELE    | CTIONS FUNI              | U /            | ir joint re     | eturn,   | does your spouse wish t    | o designate \$1 | <u> </u>    | <u> </u> | (Column    | 1   | icicas   | S your  |                         | umn E                        |                  | ai ia. |
|        |                          |                |                 |  |                            |                 |             | _ A      | MOUNT OF C |     | s        |         | AMOU                    |                              | •                |        |
|        |                          |                |                 |  |                            |                 |             | INC      | OME (EVERY | WHE | RE)      | NEW     | / JERS                  | EY SC                        | URC              | ES     |
| 14.    | Wages, salarie           | s, tips, and   | other employ    | ee co  | mpensation                 |                 |             | 14       | 18         | 000 | 00       | 14      |                         | 1800                         | 00               | 00     |
| 15.    | Interest                 |                |                 |  |                            |                 |             | 15       | 1          | 600 | 00       | 15      |                         |                              | 0                |        |
| 16.    | Dividends                |                |                 |  |                            |                 |             | 16       |            | 120 | 00       | 16      | <u> </u>                |                              | 0                |        |
| 17.    | Net profits from         | n business (   | Attach copy o   | f Fed  | eral Schedule C, Form 1    | 040)            |             | 17       |            |     |          | 17      |                         |                              |                  |        |
| 18.    | Net gains or inc         | come from d    | lisposition of  | prope  | erty (From Line 53)        |                 |             | 18       |            | 700 | 00       | 18      |                         |                              | 0                |        |
| 19.    | Net gains or inc         | come from r    | ents, royalties | s, pate  | ents, and copyrights (Fror | n Line 56)      |             | 19       |            |     |          | 19      |                         |                              |                  |        |
| 20.    | Net gambling w           | vinnings       |                 |  |                            |                 |             | 20       |            | 75  | 00       | 20      |                         |                              | 0                |        |
| 21.    | Pensions, Annu           | uities and IR  | A Withdrawa     | ls, Le   | ss New Jersey Exclusion    | ١               |             | 21       |            |     |          |         |                         |                              |                  |        |
| 22.    | Distributive Sha         | are of Partne  | ership Incom    | e  |                            |                 |             | 22       |            |     |          | 22      |                         |                              |                  |        |
| 23.    | Net pro rata sh          | are of S Cor   | poration Inco   | me   |                            |                 |             | 23       |            |     |          | 23      |                         |                              |                  |        |
| 24.    | Alimony and se           | eparate mair   | ntenance pay    | ments  | received                   |                 |             | 24       |            |     |          | 24      |                         |                              |                  |        |
| 25.    | Other—State N            | lature and S   | ource           |  |                            |                 |             | 25       |            |     |          | 25      |                         |                              |                  |        |
| 26.    | TOTAL INCOM              | IE (Add Line   | s 14 through    | 25)  |                            |                 |             | 26       | 20         | 495 | 00       | 26      |                         | 1800                         | 00               | 00     |
| 27.    | Other Retireme           | ent Income E   | Exclusion (Se   | e Wo   | rksheet and Instructions)  |                 |             | 27       |            |     |          | 27      |                         |                              |                  |        |
| 28.    | Gross Income             | (Subtract Lii  | ne 27 from Li   | ne 26  | )                          |                 |             | 28       | 20         | 495 | 00       | 28      |                         | 1800                         | 00               | 00     |
| 29a.   | Exemptions:              | From Line 1    | 2a2             |  | × \$1,000 =2               | 2,000           |             |          |            |     |          |         |                         |                              |                  | _      |
| 29b.   |                          | From Line 1    | 2b2             |  | X \$1,500 = 3              | 3,000           |             |          |            |     |          |         |                         |                              |                  |        |
|        | Total Exemptio           | n Amount (A    | dd Lines 29a    | and  | 29b)                       |                 |             | 29c      |            | 250 | 00       |         |                         |                              |                  |        |
| 30.    | •                        |                |                 |  | uctions)                   |                 |             | 30       | <u> </u>   | 200 | 00       |         |                         |                              |                  |        |
| 31.    |                          | •              |                 |  | s                          |                 |             | 31       |            |     | $\vdash$ |         |                         |                              |                  |        |
| 32.    |                          | -              |                 |  |                            |                 |             | 32       |            |     | $\vdash$ |         |                         |                              |                  |        |
| 33.    |                          |                |                 |  | s 29c, 30, 31, and 32)     |                 |             | 33       | 1          | 250 | 00       |         |                         |                              |                  |        |
| 34.    |                          |                | `               |  | ne 28, Column A)           |                 |             | 34       |            | 245 | -        |         |                         |                              |                  |        |

| Name(s) as shown on Form NJ-1040NR |  |            |            | Yo | ur Soc           | cial Security Nu    | mbe | r        |
|------------------------------------|--|------------|------------|----|------------------|---------------------|-----|----------|
| Pe                                 | rry, John and Joan   |            |            | (  | 999              | 34                  | 07  | 22       |
| 35.                                | Taxable Income (From Line 34, page 1)  | 35         | 19245      | 00 |                  |                     |     |          |
| 36.                                | Tax on amount on Line 35 (From Tax Table)  | 36         | 269        | 00 |                  |                     |     |          |
| 37.                                | Income Percentage <u>B. (Line 28)</u> = <u>87.83</u> %   |            |            |    |                  |                     |     |          |
| l                                  | A. (Line 28)   |            |            |    |                  |                     |     |          |
| 38.                                | NEW JERSEY TAX (Multiply amount from Line 36 269.00 x 87.83 % from Line 37   |            |            |    | 38               | 23                  | 36  | 00       |
| 39.                                | Total New Jersey Income Tax Withheld (Attach Form W-2)   | 39         | 496        | 00 |                  |                     |     |          |
| 40.                                | New Jersey Estimated Tax Payments/Credit from 2003 tax return  | 40         | 50         | 00 |                  | k □ if Form NJ-221  |     |          |
| 41.                                | Tax paid on your behalf by Partnership(s)  | 41         |            |    | Check<br>is atta | 0                   |     |          |
| 42.                                | EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)   |            |            |    |                  |                     |     |          |
| 43.                                | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)   | 43         |            |    |                  |                     |     |          |
| 44.                                | Total Payments/Credits (Add Lines 39 through 43)   |            | ENTER TOTA | L→ | 44               | 54                  | 6   | 00       |
| 45.                                | If payments (Line 44) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE .  |            |            |    | 45               |                     |     |          |
| 46.                                | If payments (Line 44) are MORE THAN tax (Line 38) enter OVERPAYMENT  |            |            |    | 46               | 31                  | 10  | 00       |
| 47.                                | Deductions from Overpayment on Line 46 which you elect to credit to:   |            |            |    |                  |                     |     |          |
|                                    | (A) Your 2005 Tax  | 47A        |            |    | NOT              | E:<br>Entry on Line | _   |          |
|                                    | (B) N.J. Endangered Wildlife Fund □ \$10, □ \$20, □Other ENTER   | 47B        |            |    |                  | B, C, D, E, F, C    |     | <b>à</b> |
|                                    | (C) N.J. Children's Trust Fund ☐ \$10, ☐ \$20, ☐ Other (D) N.J. Vietnam Veterans' Memorial Fund ☐ \$10, ☐ \$20, ☐ Other OF | 47C<br>47D |            |    |                  | REDUCE YOU          |     |          |
|                                    | (E) N.J. Breast Cancer Research Fund □ \$10, □ \$20, □ Other CONTRIBUTION  | 47D        |            |    | REF              | UND                 |     |          |
|                                    | (F) U.S.S. N.J. Educational Museum Fund ☐ \$10, ☐ \$20, ☐ Other  | 47E        |            |    | 1                |                     |     |          |
|                                    | (G) Designated Contribution □ \$10, □ \$20, □Other   | 47G        |            |    |                  |                     | Т   |          |
| 48.                                | Total Deductions From Overpayment (Add Lines 47A, B, C, D, E, F and G)   |            | ENTER TOTA | L- | 48               |                     |     |          |
| 49.                                | REFUND (Amount to be sent to you, subtract Line 48 from Line 46)   |            |            |    | 49               | 3                   | 10  | 00       |

|                | is true, correct, a | return, including accompanying schedules and statements, and complete. If prepared by a person other than taxpayer, per has any knowledge | Pay amount on Line 45 in full.<br>Write social security number(s)<br>on check or money order and<br>make payable to:   |
|----------------|---------------------|---|--|
| Your signature | Date                | Spouse's signature (if filing jointly, BOTH must sign.)   | STATE OF NEW JERSEY-TGI<br>Division of Taxation<br>Revenue Processing Center<br>PO Box 244<br>Trenton, NJ 08646-0244<br>You may also pay by e-check<br>or credit card. |

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| PART I       | NET GAINS OR INCOME FE<br>DISPOSITION OF PROPER   |            |                            |                                  |          |                                   |         | ved from the sale, exc<br>al whether tangible or                        |        |                                 |    |
|--------------|---|------------|----------------------------|----------------------------------|----------|-----------------------------------|---------|---|--------|---------------------------------|----|
| (a) Kind of  | property and description  | acq        | Date<br>uired<br>day, yr.) | (c) Date sold<br>(Mo., day, yr.) |          | (d) Gross sa price                | les     | (e) Cost or other bases adjusted (see instructions) and expense of sale |        | (f) Gain or (los<br>(d less e)  | s) |
| 50. 200 s    | shs. ABC Corp.  | 2-1        | 15-03                      | 3-1-                             | 04       | 3500                              | 00      | 2800  | 00     | 700                             | 00 |
|              | '   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
| 51. Capita   | al Gains Distribution   |            |                            |                                  |          |                                   |         |   | 51     |                                 |    |
| 52. Other    | Net Gains   |            |                            |                                  |          |                                   |         |   | 52     |                                 |    |
| 53. Net G    | ains (Add Lines 50, 51, and 52)   | (Enter l   | here and o                 | on Line 18)                      | (If Los  | ss, enter ZERO) .                 |         |   | 53     | 700                             | 00 |
| PART II      | NET GAINS OR INCOME<br>FROM RENTS, ROYALTIE<br>PATENTS AND COPYRIG                        |            |                            |                                  |          |                                   |         | s, derived from or in the<br>Federal Income Tax R                       |        |                                 |    |
|              | (a) Kind of property  |            | . ,                        | Rental Inc<br>(Loss)             | ome      | (c) Net Inco                      |         | (d) Net Income<br>Patents   | From   | (e) Net Income Fr<br>Copyrights | om |
| 54.          |   |            |                            | (2000)                           |          | Tromitoyan                        |         | - Tutorito  |        | Сорупуна                        |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   |         |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   | +       |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   | +       |   |        |                                 |    |
|              |   |            |                            |                                  |          |                                   | _       |   |        |                                 |    |
| 55. Totals   | 3   |            | (b)                        |                                  |          | (c)                               |         | (d)   |        | (e)                             |    |
| 56. Net In   | come (Combine Columns b, c,   | d, and e)  | (Enter he                  | ere and on                       | Line 19  | 9) (If Loss, enter                | ZERO    | O)  | 56     |                                 |    |
| PART III     | ALLOCATION OF WAGE AN INCOME EARNED PARTLY AND OUTSIDE NEW JERSE                          | INSIDE     | (See                       |                                  |          | mpensation dependention is used.) | nds e   | ntirely on volume of b  | usines | ss transacted                   |    |
| 57. Amou     | nt reported on Line 14 in Colum   | n A requ   | ired to be                 | allocated                        |          |                                   |         |   | 57     |                                 |    |
|              | days in taxable year  |            |                            |                                  |          |                                   |         |   | 58     |                                 |    |
| 59. Deduc    | ct nonworking days (Sundays, S  | aturdays   | s, holidays                | s, sick leave                    | , vacat  | tion, etc.)                       |         |   | 59     |                                 |    |
| 60. Total of | days worked in taxable year (Su   | btract Lii | ne 59 from                 | n Line 58)                       |          |                                   |         |   | 60     |                                 |    |
| 61. Deduc    | ct days worked outside New Jers   | sey        |                            |                                  |          |                                   |         |   | 61     |                                 |    |
| 62. Days     | worked in New Jersey (Subtract  | Line 61    | from Line                  | 60)                              |          |                                   |         |   | 62     |                                 |    |
| 63 4110      | CATION FORMULA  | (Line 62   | 2)                         |                                  |          |                                   |         |   |        | ude this amount on              |    |
| OS. ALLO     | OATIONT ORWIDEA   | (Line 60   | ))                         | × (Enter a                       | mount    | from Line 57) =                   | (Sala   | ry earned inside N.J.)  | Line   | 14, Col. B)                     |    |
| PART IV      | ALLOCATION OF BUSINESS INCOME TO NEW JERSEY   | S          | (See instr                 | ructions if o                    | ther tha | an Formula Basis                  | of allo | ocation is used.)   |        |                                 |    |
| 1            | SALLOCATION PERCENTAGE  | •          |                            | ,                                |          |                                   |         |   |        |                                 |    |
| 1            | <ul> <li>w, the line number and amount of<br/>y by allocation percentage to de</li> </ul> |            |                            |                                  |          |                                   | whic    | h is required to be allo  | ocated | 1                               |    |
| · .          | e No \$   |            |                            |                                  |          | •                                 |         |   |        |                                 |    |
| From Lin     | e No \$   |            | × _                        | %                                | 5 = \$   |                                   |         |   |        |                                 |    |
| From Lin     | e No \$   |            | × _                        | %                                | o = \$   |                                   |         |   |        |                                 |    |

#### NJ-1040 2004

## STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

| Tour Social Security Number   | Last Name, First Name, and imitial (Joint filers enter first name and initial of each - Enter | er spouse last name ONLY if different)                            |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|
| 9 9 9 - 3 4 - 0 7 2 2   | Perry, John and Joan  |   |  |  |  |  |  |  |  |  |
| Spouse's Social Security Number   | Home Address (Number and Street, including apartment number or rural route)                   |   |  |  |  |  |  |  |  |  |
| 9 9 9 - 0 1 - 3 6 6 4   | 123 Elm St.   |   |  |  |  |  |  |  |  |  |
| County/Municipality Code (See Table)  | City, Town, Post Office State   | Zip Code  |  |  |  |  |  |  |  |  |
| 0 7 1 3   | Montclair NJ  | 07042   |  |  |  |  |  |  |  |  |
| (Fill in only one)  | 6. Regular Yourself Spouse Domes  | 6 2 ENTER NUMBERS   |  |  |  |  |  |  |  |  |
| 1. Single   | 7. Age 65 or Over Yourself Spouse   | r 7 HERE  |  |  |  |  |  |  |  |  |
| 2. Married, filing joint return   | 8. Blind or Disabled Yourself Spouse  | 8   |  |  |  |  |  |  |  |  |
| Married, filing separate return     Enter Spouse's Social Security                      | Number of your qualified dependent children   |   |  |  |  |  |  |  |  |  |
| Number in the boxes provided above  | 10. Number of other dependents  |   |  |  |  |  |  |  |  |  |
| 4. Head of household  | 11. Dependents attending colleges   | <del></del>   |  |  |  |  |  |  |  |  |
| 5. Qualifying widow(er)   | 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)  (For Line 12b - Add Lines 9 and 10)    | 2 12b 2   |  |  |  |  |  |  |  |  |
| RESIDENCY 13. If you were a New Jersey resid  | sive the  |   |  |  |  |  |  |  |  |  |
| STATUS ONLY part of the taxable year, period of New Jersey residency                    |   | ]/[3 1]/[0 4]   |  |  |  |  |  |  |  |  |
| GUBERNATORIAL Do you wish   | n to designate \$1 of your taxes for this fund? Yes   | No Note: If you fill in the Yes oval(s) it will not increase your |  |  |  |  |  |  |  |  |
| ELECTIONS FUND If joint return  | n, does your spouse wish to designate \$1? Yes  | No tax or reduce your refund.                                     |  |  |  |  |  |  |  |  |
| 14. Wages, salaries, tips, and other employee compe                                     | ensation (Enclose W-2)  | , 0 0 0 0 0   |  |  |  |  |  |  |  |  |
| 15a. Taxable interest income (See instructions)   |   | 8 0 0 0 0   |  |  |  |  |  |  |  |  |
| 15b. Tax-exempt interest income (See instructions)                                      | 15b   | <u></u>   |  |  |  |  |  |  |  |  |
| DO NOT include on Line 15a  | 100   | <u> </u>  |  |  |  |  |  |  |  |  |
| 16. Dividends   |   | 3 6 0 0 0   |  |  |  |  |  |  |  |  |
| 17. Net profits from business (Enclose copy of Feder                                    | al Schedule C, Form 1040)   |   |  |  |  |  |  |  |  |  |
| 18. Net gains or income from disposition of property                                    | (Schedule B, Line 4)  | 7   |  |  |  |  |  |  |  |  |
|   | 10 J  |   |  |  |  |  |  |  |  |  |
| <ol> <li>Pensions,         Annuities         a. Taxable Amount Received     </li> </ol> | 19a , , , , , , , , , , , , , , , , , , ,   |   |  |  |  |  |  |  |  |  |
| and IRA b. Less N.J. Pension Exclusion Withdrawals                                      | 19b , , , , , , , , , , , , , , , , , , ,   |   |  |  |  |  |  |  |  |  |
| c. Subtract Line 19b from Line 19   | Эа19c   | 7,  |  |  |  |  |  |  |  |  |
| 20. Distributive Share of Partnership Income (See ins                                   | structions) 20  |   |  |  |  |  |  |  |  |  |
| 21. Net pro rata share of S Corporation Income (See                                     | instructions)   |   |  |  |  |  |  |  |  |  |
| 22. Net gain or income from rents, royalties, patents 8                                 | & copyrights  | <u> </u>  |  |  |  |  |  |  |  |  |
| (Schedule C, Line 3)  | 23  | <u> </u>  |  |  |  |  |  |  |  |  |
| 23. Net Gambling Winnings   | ······  | <u> </u>  |  |  |  |  |  |  |  |  |
| 24. Alimony and separate maintenance payments rec                                       | zeived  |   |  |  |  |  |  |  |  |  |
| 25. Other (See instructions)  |   |   |  |  |  |  |  |  |  |  |
| 26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c,                                   | , 20, 21, 22, 23, 24, and 25) <b>26</b> 6 2   | 1 6 0 0 0   |  |  |  |  |  |  |  |  |

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|   |   |  |  |   |  |   | NJ-1                                | 040                                 | (200                                     | 4)   | Pag                                 | je 2   |
|---|---|--|--|---|--|---|-------------------------------------|-------------------------------------|--|--|-------------------------------------|--|
| Total Income (From Line 26, Page 1)   | 27  |  | <u> </u>   |   | 6  | 2   | , 1                                 | 6                                   | 0  | [.[  | 0                                   | 0  |
| Other Retirement Income Exclusion (See Worksheet and instructions)            |   |  |  | 28  |  |   | ,                                   |                                     |  | ].[  |                                     |  |
| New Jersey Gross Income (Subtract Line 28 from Line 27)                       | 29  |  |  |   | 6  | 2   | , 1                                 | 6                                   | 0  | ].[  | 0                                   | 0  |
|   |   |  |  |   |  |   |                                     |                                     |  |  |                                     |  |
|   |   |  |  |   |  |   |                                     |                                     |  |  |                                     |  |
|   |   |  |  | 30c   |  | 3   | 7                                   | 5                                   | 0  | ΙΓ   | 0                                   | 0  |
|   |   |  |  | 늗   |  | 믬   | <u>'</u>                            |                                     | 믬  | i - L<br>I - E   | 믁                                   | =  |
|   |   |  |  | 31  |  |   | ,                                   |                                     |  | I.   |                                     |  |
| Medical Expenses (See Worksheet and instructions)                             |   |  |  |   |  |   |                                     |                                     | $\Box$                                   | Ī  | $\equiv$                            | 一  |
| Alimony and Separate Maintenance Payments                                     |   |  |  | 32  |  |   | ,                                   |                                     | Ш  | - L  |                                     |  |
|   |   |  |  | 33  |  |   |                                     |                                     |  |  |                                     |  |
| Qualified Conservation Contribution   |   |  |  | 느   |  | Н   | <u>'</u>                            |                                     | 믬  | i - L<br>I - D   | <del></del>                         | _  |
| Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)               |   |  |  | 34  |  | 3   | 7                                   | 5                                   | 0  | I.l  | 0                                   | 0  |
| •                                       |   | П  | $\neg$   | $\overline{}$   | 5  |   | <u> </u>                            | 1                                   |  | Ī  | $\overline{\Lambda}$                | 0  |
|   | 35  |  | Ш,   |   | Э  | ٥   | ,[4                                 | '                                   | U  | ı.L  | <u> </u>                            | 0  |
| •   |   |  |  | 36  |  |   |                                     |                                     |  | ΙΓ   | $\Box$                              |  |
|   |   |  | _  | 느   |  | 믬   | <u>,</u>                            |                                     | =  | i - L  | 믁                                   | _  |
|   | 37  |  | L  |   | 5  | 8   | 4                                   | 1                                   | 0  | Ш  | 0                                   | 0  |
|   |   | 20   | 一"   |   |  |   | <u></u>                             | _                                   |  | 1 [  | $\frac{-1}{1}$                      | 二  |
| TAX (From Tax Table)  |   | 38   |  |   |  | 1   | ,[0                                 | 1                                   | 1  | ۱٠L  | 0                                   | 0  |
| Cradit For Income Toyon Roid to Other Jurisdictions (See instructions)        |   | 39   |  |   |  |   |                                     |                                     |  | ΙΓ   | $\Box$                              |  |
| Credit For income raxes Paid to Other Jurisdictions (See instructions)        |   | 브  | ᆜ,   | <u>_</u>  |  | ᆜ   | ,                                   |                                     | $\sqsubseteq$                            | 1 - L  | ᆜ                                   | _  |
| Balance of Tax (Subtract Line 39 from Line 38)                                |   | 40   |  |   |  | 1   | 0                                   | 1                                   | 1  | П  | 0                                   | 0  |
|   |   |  | $\dashv$   | $\equiv$  |  | 一   | "—                                  |                                     |  | . г<br>I Г   | 二                                   | 二  |
|   |   | 41   |  |   |  |   | ,                                   |                                     | 0  | I.l  | 0                                   | 0  |
|   |   | 42   |  |   |  | 1   | 0                                   | 1                                   | 1  | Ιſ   | ٦                                   | 0  |
| Total Tax (Nad Ellic 40 and Ellic 41)   |   |  | ᆜ,   |   |  |   | ,                                   |                                     | <u> </u>                                 | 1 - L  | <u> </u>                            | <u> </u>   |
| Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)           |   | 43   |  |   |  | 1   | 5                                   | 3                                   | 9  | П  | 0                                   | 0  |
|   |   |  | ,  |   |  |   | "-                                  |                                     | =  | , - L<br>I Г   | 一                                   | 二  |
| Property Tax Credit (See instructions)  |   |  |  |   |  |   | 44                                  | 5                                   | 0  | I.l  | 0                                   | 0  |
| N. J. F. C. J. T. D. J. (O. 15)   |   | 45   | $\neg$   |   |  |   | 1                                   | 5                                   | ٥  | ΙГ   | ٦                                   | 0  |
|   |   | 73   |  | Щ.  |  |   | ,                                   | <u> </u>                            |  | 1 - L  | <u> </u>                            | <u> </u>   |
|   |   |  |  |   | 46   |   |                                     |                                     |  | Ιſ   |                                     |  |
|   |   |  |  |   |  | H   | "                                   |                                     | $\equiv$                                 | / - L<br>I П   | =                                   | 〓  |
| EXCESS New Jersey UI/HC/WD Withheld (See instructions) (Enclose Form NJ-2450) |   |  |  |   | 47   |   | ,                                   |                                     |  | L  |                                     |  |
| EXCESS New Jersey Disability Insurance Withheld (See instructions)            |   |  |  |   | 48   | 一   |                                     |                                     |  | ΙĪ   | 一                                   | 一  |
|   |   |  |  |   |  |   | ,                                   |                                     | Ш  | ı.l  |                                     |  |
| Total Payments/Credits (Add Lines 43 through 48)                              |   | 49   | $\neg$   |   |  | 1   | 7                                   | 3                                   | 9  |  | 0                                   | 0  |
|   | Other Retirement Income Exclusion (See Worksheet and instructions)  New Jersey Gross Income (Subtract Line 28 from Line 27)  See instructions.  Exemptions: From Line 12a | Other Retirement Income Exclusion (See Worksheet and instructions)  New Jersey Gross Income (Subtract Line 28 from Line 27) See instructions.  Exemptions: From Line 12a 2 x \$1,000 = 2,000 From Line 12b 2 x \$1,500 = 3,000  Total Exemption Amount (Add Line 30a and Line 30b) Part-Year Residents see instructions.  Medical Expenses (See Worksheet and instructions)  Alimony and Separate Maintenance Payments  Qualified Conservation Contribution  Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)  Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY.  Property Tax Deduction (See instructions)  NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY  TAX (From Tax Table)  Credit For Income Taxes Paid to Other Jurisdictions (See instructions)  Balance of Tax (Subtract Line 39 from Line 38)  Use Tax Due on Out-of-State Purchases (See instructions)  If no Use Tax, enter ZERO (0.00).  Total Tax (Add Line 40 and Line 41)  Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)  Property Tax Credit (See instructions)  New Jersey Estimated Tax Payments/Credit from 2003 tax return  Fill in if Form NJ-2210 is enclosed.  New Jersey Earned Income Tax Credit (See schedule Page 3)  EXCESS New Jersey Disability Insurance Withheld (See instructions)  (Enclose Form NJ-2450) | Other Retirement Income Exclusion (See Worksheet and instructions)  New Jersey Gross Income (Subtract Line 28 from Line 27)  See instructions.  Exemptions: From Line 12a 2 x\$1,000 = 2,000 From Line 12b 2 x\$1,500 = 3,000  Total Exemption Amount (Add Line 30a and Line 30b) Part-Year Residents see instructions.  Medical Expenses (See Worksheet and instructions)  Medical Expenses (See Worksheet and instructions)  Alimony and Separate Maintenance Payments  Qualified Conservation Contribution  Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)  Taxable Income (Subtract Line 34 from Line 29)  If zero or less, MAKE NO ENTRY.  Property Tax Deduction (See instructions)  NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)  If zero or less, MAKE NO ENTRY  TAX (From Tax Table)  Credit For Income Taxes Paid to Other Jurisdictions (See instructions)  39  Balance of Tax (Subtract Line 39 from Line 38)  40  Use Tax Due on Out-of-State Purchases (See instructions)  141  Total Tax (Add Line 40 and Line 41)  42  Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)  Alimony Tax Credit (See instructions)  New Jersey Estimated Tax Payments/Credit from 2003 tax return  Alimony Taxes Paid Toxed (See instructions)  New Jersey Estimated Tax Payments/Credit from 2003 tax return  Alimony Taxes Paid Toxed (See instructions)  New Jersey Estimated Tax Payments/Credit from 2003 tax return  Alimony Taxes Paid Toxed (See instructions)  EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)  EXCESS New Jersey Disability Insurance Withheld (See instructions) | Other Retirement Income Exclusion (See Worksheet and instructions)  New Jersey Gross Income (Subtract Line 28 from Line 27) | Other Retirement Income Exclusion (See Worksheet and instructions)  28  New Jersey Gross Income (Subtract Line 28 from Line 27)  See instructions.  Exemptions: From Line 12a 2 x\$1,000 = 2,000 From Line 12b 2 x\$1,500 = 3,000  Total Exemption Amount (Add Line 30a and Line 30b)  Part-Year Residents see instructions.  Medical Expenses (See Worksheet and instructions)  Alimony and Separate Maintenance Payments  Qualified Conservation Contribution  33  Qualified Conservation Contribution  34  Taxable Income (Subtract Line 34 from Line 29)  If zero or less, MAKE NO ENTRY.  Property Tax Deducin (See instructions)  36  NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY.  TAX (From Tax Table)  Credit For Income Taxes Paid to Other Jurisdictions (See instructions)  39  Juse Tax Due on Out-of-State Purchases (See instructions)  10 Use Tax Due on Out-of-State Purchases (See instructions)  11 Total Tax (Add Line 40 and Line 41)  12 Total Tax (Add Line 40 and Line 41)  13 Total Tax (From Tax Tax Tax Payments/Credit from 2003 tax return  14 Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)  15 Property Tax Credit (See instructions)  16 Property Tax Credit (See instructions)  17 In O If Form NJ-2210 is enclosed.  18 New Jersey Disability Insurance Withheld (See instructions)  EXCESS New Jersey Ul/HC/WD Withheld (See instructions)  EXCESS New Jersey Disability Insurance Withheld (See instructions)  EXCESS New Jersey Disability Insurance Withheld (See instructions)  [Excess Tax Date on NJ-2450) | Other Retirement Income Exclusion (See Worksheet and instructions)  Rew Jersey Gross Income (Subtract Line 28 from Line 27)  See instructions.  Exemptions: From Line 12a | Total Income (From Line 26, Page 1) | Total Income (From Line 26, Page 1) | Total Income (From Line 26, Page 1)   27 | Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)  Taxable Income (Subtract Line 29)  Tate or less, MAKE NO ENTRY.  TAX (From Tax Table)  Tax Table (Subtract Line 38)  Balance of Tax (Subtract Line 39) from Line 36)  Total Exemptions and Deductions (See Instructions)  Total Exemptions and Deductions (See Worksheet and instructions)  Total Exemption Amount (Add Line 30c, 31, 32, and 33)  Taxable Income (Subtract Line 34) from Line 29)  Taxable Income (Subtract Line 34) from Line 39)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxes Paid to Other Jurisdictions (See instructions)  Taxable Income Taxe | Total Income (From Line 26, Page 1) | New Jersey Gross Income (Subtract Line 28 from Line 27)   29 |

| _        |  |                          |                 |           |  |  | 40 (20                       | 04)                                      | Pag                  | је 3                                 |  |
|----------|--|--------------------------|-----------------|-----------|--|--|------------------------------|--|----------------------|--------------------------------------|--|
| 14       |  |                          |                 |           | ity Numb   |  | ,                            | 1 0700                                   |                      |                                      |  |
| _F       | Perry, John and Joan   |                          | 999             |           |  | ļ  | (                            | 0722                                     |                      |                                      |  |
| 50.      | . If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE Fill in if paying by e-check or credit card.   | ≣ 5                      | , ,             |           | , ,  |  |                              | ].[                                      |                      |                                      |  |
|          | If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56  | 6, 57, an                | d/or 58 and     | adding tl | nis to you                                       | ır payn  | nent am                      | ıour                                     | t.                   |                                      |  |
| 51.      | . If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT  | 5                        | 51              |           |  | 7 2  | 2 8                          | 1Г                                       | 0                    | 0                                    |  |
|          | Deductions from Overpayment on Line 51 which you elect to credit to:   |                          |                 |           |  | 2 (  |                              | ۱.<br>۱.۲                                | 0                    | 0                                    |  |
| 52.      | . Your 2005 tax  | ∟                        |                 |           | <u></u>  | $\pm$  | +                            | ].                                       | +                    | $\dashv$                             |  |
| 53.      | . N.J. Endangered Wildlife Fund  | r                        | ENTE            | R         | 53   | <u> </u>   | <del>_</del>                 | ]. <u>L</u>                              | <u> </u>             | ᆗ                                    |  |
| 54.      | . N.J. Children's Trust Fund To Prevent Child Abuse \$10 \$20 \$20 Other   | r                        | AMOUI           | ЛТ        | 54   | <u> </u>   | <u> </u>                     | ]. <u>L</u>                              | _                    | _                                    |  |
| 55.      | . N.J. Vietnam Veterans' Memorial Fund   | r                        |                 | ••        | 55   |  | <u></u>                      | J.L                                      |                      |                                      |  |
| 56.      | . N.J. Breast Cancer Research Fund   |                          | OF CONTRIBUTION |           |  |  |                              | ].[                                      |                      |                                      |  |
| 57.      | . U.S.S. New Jersey Educational Museum Fund  |                          |                 |           |  |  |                              | ].[                                      |                      |                                      |  |
| 58.      | . Other Designated Contribution  | r                        | 0               |           | 58   |  |                              | ].[                                      |                      |                                      |  |
| 59.      | . Total Deductions from Overpayment (Add Lines 52 through 58)  | 5                        | i9 ,            |           |  | 2 (  | 0                            | ].[                                      | 0                    | 0                                    |  |
| 60.      | . REFUND (Amount to be sent to you, Line 51 LESS Line 59)  | [е                       | , ,             |           | ,_   | 5 2  | 2 8                          | ].[                                      | 0                    | 0                                    |  |
| E        | EARNED INCOME TAX CREDIT SCHEDULE  |                          |                 |           |  |  |                              |  |                      |                                      |  |
|          | You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Fec<br>Line 29, Form NJ-1040 is \$20,000 or less, and your filing status for New Jersey is the sa<br>Complete this schedule to see if you are eligible. You are not eligible for the New Jersey<br>married, filing separate return or if you answer "No" to question 1 below. See instructions  | ame as yo<br>/ Earned    | our filing sta  | atus on y | our Fede   | ral inco   | ome tax                      | retu                                     | ırn.                 |                                      |  |
|          | 1. Did you file a 2004 Federal Schedule EIC on which you listed at least one "qua  | alifying ch              | nild"?          |           | 0  | <b>←</b> Ye  | s <b>&lt;</b>                | >  | <b>←</b>             | · No                                 |  |
|          | 2. Fill in oval if you had the IRS figure your Federal Earned Income Credit  | >                        |                 |           |  |  | 1 [                          | т  | Т                    | $\neg$                               |  |
|          | 3. Enter the amount of Federal Earned Income Credit from your 2004 Federal Fo  |                          |                 |           |  |  | ۱, إ                         | 누  | <u> </u>             | -                                    |  |
|          | 4. Enter 20% of amount on Line 3 here and on Page 2, Line 46   |                          |                 |           |  |  | <u> </u>                     | <u></u>                                  |                      |                                      |  |
| sc<br>re | Inder the penalties of perjury, I declare that I have examined this income tax return and FAIR approchedules and statements, and to the best of my knowledge and belief, it is true, correct, and comental property for which I am applying for the FAIR rebate as my principal residence on October of the than taxpayer, this declaration is based on all information of which the preparer has any knowledge.  Your Signature | nplete and<br>1, 2004. I | d that I occu   | pied the  | Write check payal STAT Mail your and y Re        | k or mo<br>ble to:<br>E OF N<br>your ch<br>NJ-104<br>your ret<br>Divisio<br>venue I<br>O Box 11  | n of Taxa<br>Processii<br>11 | RSEY<br>coney<br>nent<br>ation<br>ng C   | ber(s d mal          | s) on<br>ke<br>GI<br>er with<br>cher |  |
|          | Spouse's Signature (if filing jointly, BOTH must sign)   | Date                     |                 |           | IF RE<br>NJ<br>Re<br>PC<br>Tre<br>You r<br>credi | Division Division Venue I Division Divi | n of Taxa<br>Processii       | ation<br>ng C<br>7-055<br>e-ch<br>e info | enter<br>5<br>ieck o | or<br>ion go                         |  |

Rev. 2/05 27

#### TR-1040 2004

## STATE OF NEW JERSEY FAIR REBATE APPLICATION (FOR TENANTS)

|                | 1. O<br>2. 3. O<br>4. O<br>5. O             | Single Married, filing joint return Married, filing separate return Head of household Qualifying widow(er)   | arried, filing joint return arried, filing separate return and of household  6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:  |                         |   |         |             | 3          | 1  | / 0<br>/ 0  | 4                 | 1<br>1               |        |
|----------------|---|--|--|-------------------------|---|---------|-------------|------------|--|---|-------------------|----------------------|--------|
|                | •   | Yes   ← No If "No  | apartment or other rental dwelling in Ne   | e as a te               | nant and s                              | hould   | not fil     | e this     |  |   |                   |                      |        |
| 8.             |   | nber 31, 2004, I (and/or my spouse) wa<br>/ one oval. See instructions.                                      | as a.  | > <b>∢</b> -в           | lind or disa                            | abled   | C. <b>C</b> |            | — No   | t 65 or   | blind             | or dis               | sabled |
| 9.             |   | GROSS INCOME you reported on L structions  | ine 29, Form NJ-1040   | 9                       |   |         | 8           | 2          | 6  | 5   | 5                 | 0                    | 0      |
| 10.            | spouse M                                    | ng status is MARRIED, FILING SEPA<br>IAINTAIN THE SAME PRINCIPAL RI<br>on your spouse's return (Line 29, Foi |  | 10                      |   | ,       |             |            | ,  |   |                   |                      |        |
| 11.            | TOTAL G                                     | ROSS INCOME (Add Line 9 and Line   | e 10)  | 11                      |   |         | 8           | 2          | 6  | 5   | 5                 | 0                    | 0      |
|                | STOP - II                                   | F LINE 11 IS MORE THAN \$100,000   | , YOU ARE NOT ELIGIBLE FOR A REE   | BATE.                   | •                                       | ,       |             |            |  |   |                   |                      |        |
| 12.            |   | address of the rental property in <b>New</b> dress (including apartment number)                              | v Jersey that was your principal residen<br>123 Elm St.  |                         |   |         | ontcl       | air        |  |   |                   |                      |        |
| 13.            |   | total rent you (and your spouse) paid indicated at Line 12   | d during 2004 for the rental   | 13                      |   | $\prod$ |             | 6          | 7  | 5   | 0                 | 0                    | 0      |
| 14.            |   |  | u (and your spouse) occupied the rental of 2004, enter 366)  |                         |   | "       | 14          | 2          | 7  | 5   |                   |                      |        |
| 15.            | Did anyo                                    | ne, other than your spouse, occupy a   | nd share rent with you for the rental pro  | perty ind               |   |         | ?           |            | <u> </u>   |   |                   |                      |        |
| 150            |   | (If yes, you must comple   | ete Lines 15a, b, and c)  ourself) who shared the rent during the p  |                         |   |         |             | _          |  | $\neg$  |                   |                      |        |
| 100            |   |  | nd and wife are considered one tenant).  |                         |   |         | 15a         |            |  |   |                   |                      |        |
| 15b            |   |  | (s) of all other tenants (other than your s  |                         | vho shared<br>SS#                       |         |             | ,          |  | ,   |                   |                      |        |
|                |   |  |  |                         | SS#                                     |         |             |            |  |   |                   |                      |        |
|                |   |  |  |                         | SS#                                     |         |             | - ' -<br>' |  | — '   |                   |                      |        |
| 150            |   |  | he period indicated at Line 14   |                         |   |         | Π           | _ · _      |  | <u> </u>  | $\overline{\Box}$ |                      | T      |
| 100            | . Littor tilo                               | total rent paid by all terialits during t  | ne period indicated at Line 14   | . [.55]                 |   | l,L     | <u> </u>    |            | l,L  | <u> </u>  | Ш                 |                      |        |
| ai<br>oi<br>bi | ccompanyir ccupied the y a person of Your S | g schedules and statements, and to the rental property for which I am applying                               | examined this income tax return and FAIR release best of my knowledge and belief, it is true for the FAIR rebate as my principal residerased on all information of which the preparation of the preparation | e, correct,<br>nce on O | and compl<br>ctober 1, 20<br>ny knowled | ete and | d that      | ed         | FAIR F<br>Applica<br>applica<br>NJ Div<br>Reven<br>PO Bo | Rebate<br>ation,<br>ation to<br>rision of<br>ue Pro<br>ex 197 | mail yo           | our<br>tion<br>ig Ce |        |

#### Schedule 1 - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the Property Tax Deduction or the Property Tax Credit is better for you. **Do not complete this schedule if you claim a credit for taxes paid to other jurisdictions.** Complete Schedule A and Worksheet F.

- 1. **Property Tax.** Enter the property taxes you paid in 2004. Renters enter 18% of rent paid in 2004.

  See instructions. (Complete Schedule 1-A before entering an amount here if you had more than one

  New Jersey residence during the year or if your principal residence(s) had multiple owners, multiple units, or multiple tenants.)

  1. 1,215
- 2. **Property Tax Deduction.** Enter the amount from Line 1 or \$10,000, whichever is less. Also enter this amount on Line 4. Column A below. **See instructions.**

|  |    | Column A |    | Column B |
|--|----|----------|----|----------|
| 3. Taxable Income (Copy from Line 35 of your NJ-1040)                        | 3. | 58,410   | 3. | 58,410   |
| 4. Property Tax Deduction (Copy from Line 2 of this schedule)                | 4. | 1,215    | 4. | -0-      |
| 5. Taxable Income After Property Tax Deduction (Subtract Line 4 from Line 3) | 5. | 57,195   | 5. | 58,410   |
| 6. Tax you would pay on Line 5 amount (From Tax Table or Tax Rate Schedules) | 6. | 981      | 6. | 1,011    |
| 7. Subtract Line 6, Column A from Line 6, Column B and enter the result here |    |          | 7. | 30       |

- 8. Is the Line 7 amount \$50 or more (\$25 if filing status is married, filing separate return and you maintain the same residence as your spouse)?
  - Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

| Form NJ-1040 | Enter amount from |
|--------------|-------------------|
| Line 36      | Line 4, Column A  |
| Line 37      | Line 5, Column A  |
| Line 38      | Line 6, Column A  |
| Line 44      | Make no entry     |
|              |                   |

Form NJ-1040

No. You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

Enter amount from:

| Line 36 | Make no entry   |
|---------|---|
| Line 37 | Line 5, Column B  |
| Line 38 | Line 6, Column B  |
| Line 44 | \$50 (\$25 if filing status is married, filing separate return and you maintain the |
|         | same residence as your spouse). Part-year residents, see instructions.              |

## **For More Information**

## **By Phone**

- Call the Division of Taxation's Customer Service Center at 609-292-6400
- TTY equipment users call 1-800-286-6613 (within NJ, NY, PA, DE, and MD) or 609-984-7300 (anywhere)

#### **Online**

- Division of Taxation Web site: www.state.nj.us/treasury/taxation/
- E-mail: taxation@tax.state.nj.us
- Subscribe to NJ Tax E-News, the Division of Taxation's online information service, at: www.state.nj.us/treasury/taxation/listservice.htm

## In Writing

New Jersey Division of Taxation Information and Publications Branch PO Box 281 Trenton, NJ 08695-0281

## **Order Forms and Publications**

- Call the Forms Request System at 1-800-323-4400 (Touch-tone phones within NJ, NY, PA, DE, and MD) or 609-826-4400 (Touch-tone phones anywhere)
- Call NJ TaxFax at **609-826-4500** from your fax machine's phone
- Visit the Division of Taxation's Web site: www.state.nj.us/treasury/taxation/



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
TECHNICAL SERVICES
INFORMATION AND PUBLICATIONS BRANCH
PO BOX 281
TRENTON NJ 08695-0281

GIT-6 Part-Year Residents (tax year 2004)